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### MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES

Meeting held at Cambridge on January 29th, 1927.

THE first provincial meeting to be held by the Medical Society for the Study of Venereal Diseases took place at the Medical Schools, Cambridge, on Saturday, January 29th.

Sir HUMPHRY ROLLESTON presided over the meeting, and those also present included: Colonel L. W. Harrison, Dr. Frank Robinson, J. Aldren Wright, Wilfrid Fox, E. Harrison (Hull), D. Nabarro, J. Canney, J. Buckley (Nottingham), W. H. Bowen, W. P. Phillip, F. C. Doble, Sidney Long (Norwich), Miss Logan, Drs. C. Budd, Morna Rawlins, V. E. Lloyd, M'Leod, P. Varrier-Jones, Charles Searle, Rorke, Miss Joan Cooper, Drs. J. G. Stephen, Bonnythorn, Drummond Robinson, D. Watson (Glasgow), J. H. C. Dalton, H. Dalton, M. Korn, M. McCombie, Mr. R. S. Schwab, and Mr. G. Porter.

After Sir Humphry Rolleston's presidential address (*vide* p. 79), two films dealing with gonorrhoea and three films on syphilitic infection and the technique in its diagnosis were shown by Colonel Harrison in the cinema theatre kindly lent by Professor Joseph Barcroft.

Introducing his films, "Gonorrhoea in the Male" and "The Manifestations, Diagnosis and Treatment of Syphilis," Colonel Harrison said he would not presume to show these films with the primary object of teaching members of the Society anything about Gonorrhoea or Syphilis. His object was to demonstrate to them, and to visitors who were interested in teaching, an adjuvant method of medical education which he believed to have great possibilities. The advantage of the cinema film was that, by it, the whole subject could be presented rapidly to the student in the best way possible to make

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him understand it; next, that clinical lesions and the technique of diagnosis and treatment could be shown in places far removed from clinics, and at such close range that the whole class was, so to speak, in the front row. In this connection he would draw particular attention to Reel 4 of the Syphilis film, which demonstrated the technique of the dark background method of microscopy. In this reel, after each title describing some manipulation of the microscope, would appear a scene showing only that part of the microscope which was being adjusted—the substage, for example, filling the screen—so that they could see the screws which were being turned as closely and exactly as if each of them was receiving a personal demonstration. When appropriate, after such a scene, a view of the microscopical field was shown on the screen, so that the audience could see the effect of the particular manipulation mentioned in the title.

The author disclaimed any idea that the cinematograph film was a complete substitute for ordinary methods of teaching; his view was that the whole film should be shown in the first instance, so as to give a conspectus of the subject rapidly, and that then the lecturer might run the film reel by reel, following each reel with a short lecture on the points illustrated. Thus, in the case of syphilis, one would occupy four sittings with the display of the film from end to end, and, after this, ten more at the rate of a reel (occupying fifteen minutes) and a lecture per sitting. He thought that, in this way, more information could be conveyed in fourteen sittings than by two or even three times the number of ordinary lectures and clinical demonstrations.

The portion of the Gonorrhœa film chosen for this display consisted of two reels (1 and 2) out of the seven. The first illustrated, chiefly by title and moving diagram, the process of invasion of the urethral canal and adnexa. The method of demonstration was by a slowly moving, black stream flowing along the canal, with occasional “close-ups” to illustrate invasion of follicles and the round-celled infiltration around these. The second reel illustrated by the same methods the local complications, and was perhaps more successful than the first in causing the audience to speculate “how it was done,” especially those which showed the bursting externally of a peri-urethral abscess and the closure of the urethra by a

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prostatic abscess. The remaining reels of this film demonstrate the following:—

*Reel 3.*—The general examination of the patient.

*Reel 4.*—The preparation and examination of specimens, including the taking of cultures.

*Reel 5.*—The treatment of acute gonorrhœa.

*Reel 6.*—The examination and treatment of cases of chronic gonorrhœa.

*Reel 7.*—Tests of cure.

Of the Syphilis film only three of the ten reels were shown, viz., 1, 2 and 4.

*Reel 1* opens with a title, followed by a scene showing living *Sp. pallida* under dark-ground illumination. After a diagrammatic display of some facts relating to the frequency and sites of extra-genital infection, it proceeds to genital infection with subsequent invasion of the whole body *viâ* the lymphatics. The different stages of syphilis are mentioned, each being followed by kinema-photographs of cases, and then come some moving diagrams illustrating the histological process in syphilis. The reel ends with a scene showing two brain cells which gradually wither on the screen to the condition seen in general paresis.

*Reel 2* proceeds with the representation of histological processes, and, whenever practicable, clinical scenes are thrown on the screen to establish connection between the histological process and the effect as viewed with the naked eye. One scene is a moving diagram showing the heart beating and the valves opening and shutting. It ends with a “still,” showing the aortic valve now incompetent. Another is a moving diagram illustrating the development of an aneurism of the aorta. The reel ends with a somewhat complicated moving diagram to illustrate the sequence of events in syphilis.

*Reel 4*, demonstrating microscopical methods, has been mentioned above. It deals also with the diagnosis of *Sp. pallida* from other spirochætes. This is chiefly by titles and by photographs of living spirochætes, but a very successful scene was one showing the differences diagrammatically, the audience being greatly amused when a diagrammatic red cell placed itself over a diagrammatic *Sp. pallida*, and there appeared an arrow tip which moved from the bottom to the top of the red cell stopping for a fraction of a second at the crest of each coil. Pro-

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bably most of the audience counted in sympathy with the arrow tip from 1 to 7, and so it was impressed on them that seven coils of *Sp. pallida* go to the width of one red cell. The reels not shown were as follows :—

*Reel 3.*—Examination of the patient and the taking of specimens.

*Reels 5, 6, 7, 8.*—The Wassermann, Sachs-Georgi and Sigma tests.

*Reel 9.*—The diagnosis of syphilis.

*Reel 10.*—Treatment.

It should be mentioned that the two films are the property of the British Social Hygiene Council, Carteret House, Carteret Street, S.W. 1, who are always willing to lend copies, with operator and projector, if necessary, to medical societies and schools. They are intended only for display to medical audiences. The B.S.H.C. supply, on request, copies of the scenarios in which can be seen all the titles and short descriptions of the scenes.

Dr. CHARLES SEARLE described three cases of septicæmia which arose after gonococcal infection. This form of septicæmia was commoner in men than women, and in pregnant than in non-pregnant women, and was more often responsible for fatal puerperal septicæmia than was perhaps generally realised; in fact, of the 6,000 deaths every year in child-birth, a very large proportion were from this cause. Infection occurred through an abrasion of the mucous membrane, which, in a man, might be due to the passage of a metal bougie. For example, an old man, who in twenty years had had gonorrhœa four or five times and several tight strictures, had a bougie passed and a few days later developed the "typhoid" state and died with multiple abscesses in his kidneys and a streptococcal septicæmia.

Dr. Searle then showed specimens from two single women of twenty years of age who came from the country. The first girl came in desperately ill, and practically moribund, with a temperature of 103° F., which was rather unusual in such cases. She had been under treatment privately for six months for a vaginal discharge. When he gave her the ordinary routine examination, much to his surprise, he found a foreign body in her posterior fornix, which turned out to be a hairpin. She admitted that she had run risks, but would not admit that in order to procure abortion she had

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inserted a hairpin which had actually penetrated into the bladder. She died with streptococcal abscess in her kidneys and general septicæmia.

The second specimen was the uterus of an unmarried woman of twenty, who first came to the clinic fifteen months before her death, but soon ceased to attend before her treatment was completed. Dr. Searle and Dr. Canney saw the girl fifteen months later with chronic gonorrhœa and ten months' pregnancy. The only thing to do was to transfer her to the maternity side. She had also a contracted pelvis, which necessitated craniotomy. Within fifty-six hours of her confinement she had a very slight rise of temperature, never much above 100° F., and not much increase in pulse rate, and died of septicæmia after twenty minutes' unconsciousness.

His experience was that they only found gonococcus in one case out of twenty, and that the gonococcus paved the way for the streptococcus. There were several things they had to learn from those cases; it was quite certain that pre-natal treatment would do a great deal to save such women, if caught at an early stage. The Society could do a great deal by propaganda among midwives and general practitioners, urging them to send any cases of possible gonorrhœa to a Venereal Clinic. By fifteen days' in-patient treatment they could very often cure those patients, but it was very difficult to tell whether they were clear or not. In Cambridge they had not the proper facilities for dealing with those cases, or the necessary lying-in beds. They could hardly expect the gynæcological surgeon to accept those cases. He hoped better facilities would be obtained for lying-in cases. They had plenty of successful results when patients were sent in early.

Dr. J. R. C. CANNEY thought that it had been rather lost sight of that the gonococcus made the way easy for the streptococcus to do its worst. Of late a big move had been made to try and reduce the incidence of puerperal septicæmia, and some interesting work had been done with regard to the bacteriology of the vagina and cervix during pregnancy. In quite a large proportion of pregnant women it had been found that virulent streptococci were actually growing in the cervical canal. It was therefore not difficult to understand, if those conditions were present, why septicæmia was common. He did not

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say that all such cases with infected genital tracts had previously been infected with gonorrhœa, but a very mild unrecognised attack of it might have been a predisposing cause in a fair proportion of cases.

One of the specimens which Dr. Searle had shown was from a patient who presented a real problem. He did not see the girl until three days before she came on in labour; she had a generally contracted and flattened pelvis, was a month hypermature, and had an acutely inflamed cervix due to an old-standing gonococcal infection. When labour started her temperature went up to 100°, and as soon as she was three-quarters dilated she was delivered by craniotomy.

For the next forty-eight hours the temperature was practically normal, and pulse never more than 100. Fifty hours after delivery the pulse rose to 120 with a normal temperature, and she expressed herself as perfectly comfortable. Four hours later, after she had been unconscious for twenty minutes, she died. This was a case of somewhat rare acute aplastic septicæmia, every organ in the body being flooded with streptococci, as proved at autopsy.

Colonel HARRISON had long been convinced that the gonococcus was responsible for a good deal of puerperal septicæmia. It had been found that in the venereal wards the maternity cases ran at a more level temperature than in the other wards of a maternity hospital. He thought that was due to the fact that they had had antenatal treatment. If beds were wanted locally, and they could prevail on the local authority to apply to the Ministry of Health, they would find that the Ministry was very sympathetic.

Miss D. C. LOGAN had been informed by one of the Ministry of Health inspectors of the venereal diseases block of the maternity hospital of which she was in charge, that the morbidity was, on the whole, less than in the clean blocks of the hospital. She thought that, on the whole, they got their cases at that particular hospital a good long time, on the average, before confinement was due. The hospital was associated with hostels, and they had the opportunity of getting the cases about five months onwards in very many cases. In a large proportion of cases the gonococcus was not found. The clinical history was often suggestive of a gonococcal origin, and they found on the

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whole a very large proportion of the cases they dealt with were originally gonorrhœal with, in many instances, a large amount of resultant secondary infection. On the whole, they had been very fortunate, and she thought it was because they managed to get early treatment. Where they did get temperatures it was usually among the cases which they had not had under treatment or observation for any long time.

A speaker said he had very great faith in the antenatal treatment of those cases. It was astounding to him, when he first started that work, to see the women who came up with tremendous discharges. After they had been treated, they cleared up and had a normal confinement. He would like to emphasise that all towns, with a population large enough to support it, should have a hospital for the treatment of those cases.

Dr. E. HARRISON (Hull) thanked and congratulated Dr. Searle for his very excellent paper. It had been most instructive.

After the meeting a dinner was held (by kind permission of the Master and Fellows) in the Old Library of Pembroke College.

Sir HUMPHRY ROLLESTON presided, and some thirty to forty members and others were present.

It is hoped that the Council of the Society will see its way to arranging a series of similar meetings throughout the provinces.